

New Pressure Ulcer Efforts in Missouri

As a new initiative for Missouri, providers are working together to improve pressure ulcer prevention in specific communities across the state. This effort is focusing on increasing awareness of our shared stake in the issues surrounding pressure ulcers in our quest to improve patient-centered healthcare. By opening lines of communication, and creating a forum to share best practices and resources, we are launching community-wide initiatives in these select areas, with an eye toward greater expansion statewide. Launched by the Missouri Quality Improvement Organization, Primaris, we are first initiating this work with both hospitals and nursing homes.

Home health is a partner in the organization of healthcare delivery in every community and has a vital role to play. Home health providers are providing integration where issues of transition fragment communication in the plan of care. The challenge of providing care in the home is one stage in the gradually increasing scope of need that elderly patients face. From this perspective, effective teaching moments in the home can set the stage for ongoing emphasis on prevention or effective treatment going forward.

Cost of treating a single full-thickness pressure ulcer can be as high as \$70,000 with the total cost for treatment of pressure ulcers in the US at \$11 billion per year. The foundation of prevention starts with an AIM – “Help us achieve an 8% reduction in Pressure Ulcers.” Launching this coalition in October 2008, the challenge laid out was to eliminate any pressure ulcer that could be avoided. That begins with sound skin care and effective management of risk, both goals that home health clinicians can support.

Multiple factors put individuals at risk for developing a pressure ulcer, including immobility, chronic illness, incontinence, poor nutrition, altered level of consciousness, altered sensory perception, and a history of having pressure ulcers.¹ Pressure ulcer rates vary considerably by clinical setting – ranging from 0.4% to 38% in acute care, 2.2% to 23.9% in long-term care, and 0% to 17% in home care.²

No matter where you are in your prevention efforts, now is the time to take a look at your care processes with fresh eyes. An effective start is to walk through all your processes for assessment, prevention, and treatment of pressure ulcers. Finding best practice starts with recognition of risks that contribute to incidence in every setting.

1. Inspect the skin at every home visit and document assessment results. Instruct caregivers to inspect skin daily and report any signs of breakdown.

2. Home health aides and choreworkers should use a mild cleansing agent, and avoid hot water and excessive friction when bathing patients.

3. Assess and treat incontinence. When incontinence cannot be controlled, cleanse skin at time of soiling, use a topical moisture barrier, and select underpads or briefs that are absorbent and provide a quick drying surface to the skin.

4. Use moisturizers for dry skin. Minimize environmental factors leading to dry skin such as low humidity and cold air.

5. Avoid massage over bony prominences.

¹ Reddy M, Gill SS, Rochon PA. Preventing pressure ulcers: A systematic review. JAMA. 2006; 296: 974-984

² Lyder, CH. Pressure ulcer prevention and management, JAMA, 2003; 289 (2) 223-226.

6. Use proper positioning, transferring, and turning techniques to minimize skin injury due to friction and shear forces.

7. Use dry lubricants (cornstarch) or protective coverings to reduce friction injury.

8. Identify and correct factors compromising protein/calorie intake and consider nutritional supplementation and support for nutritionally compromised persons.

9. Initiate a rehabilitation program to maintain or improve the patients' mobility/activity status, and/or to train caregivers in correct transfer techniques to minimize shearing and friction injury.

10. Evaluate the patient for mechanical loading and support devices that are appropriate.

11. Use devices that totally relieve pressure on the heels (e.g., place pillows under the calf to raise the heels off the bed, use pressure displacing boots).

With the efforts of providers in all settings, we can reduce pressure ulcers.